

Name  
in  
Full

Ruth Ann Jane Annacost  
 Died at <sup>Town</sup> Hampstead <sup>County</sup> Carroll

CERTIFICATE OF DEATH

MARYLAND

Date of death 1908 <sup>Month</sup> 12 <sup>Day</sup> 20 <sup>Years</sup> 63 <sup>Months</sup> 5- <sup>Days</sup> 22

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Humeville Md

Occupation Housewife <sup>Where Residing if not at place of death</sup> —

Married, ~~Yes~~ <sup>or</sup> ~~Single~~ Married <sup>Name of Wife or Husband</sup> John A Annacost

Father's Name David W Hume <sup>Father's Birthplace</sup> Not Known

Mother's Maiden Name Rachael Algire <sup>Mother's Birthplace</sup> " "

Name of person giving information Esther Annacost <sup>How related to deceased</sup> Daughter

## CAUSES OF DEATH

Primary Diabetes <sup>How long</sup> 50 <sup>How long</sup> several months

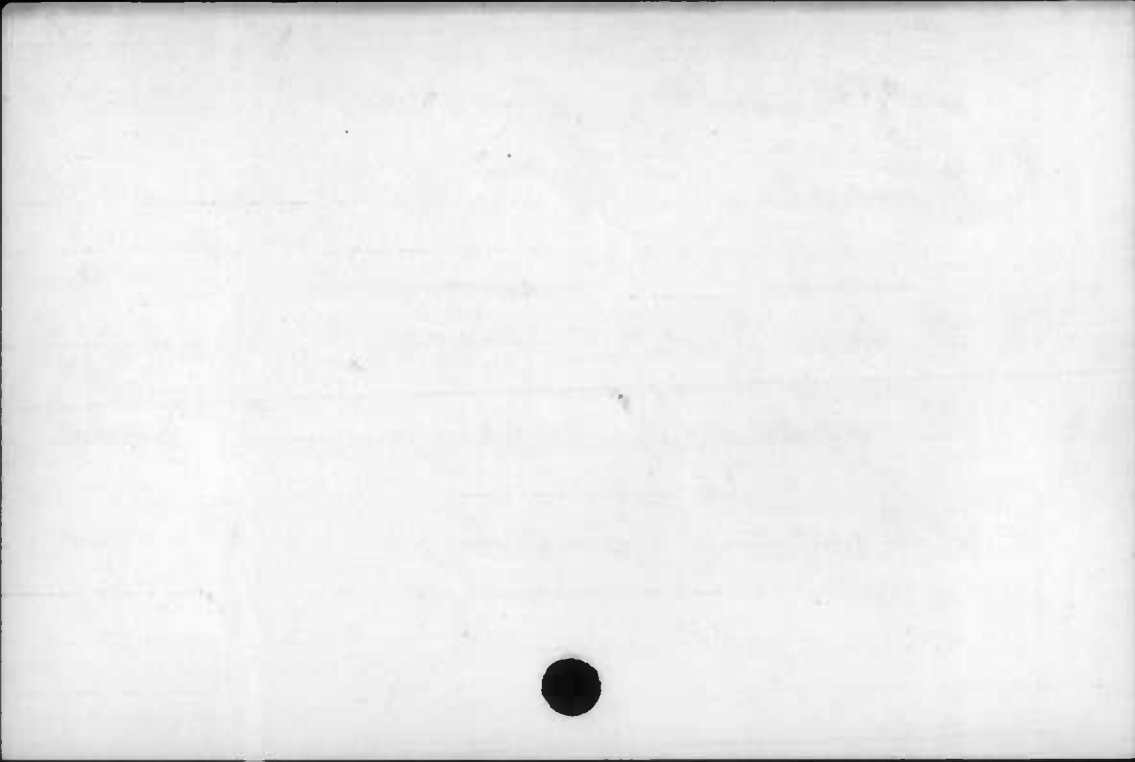
Immediate Occurred <sup>How long</sup> 15 hours

Are the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> R. St. Preston M.D.

<sup>Address</sup> Manchester Md

Accident or Suicide? ☒

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

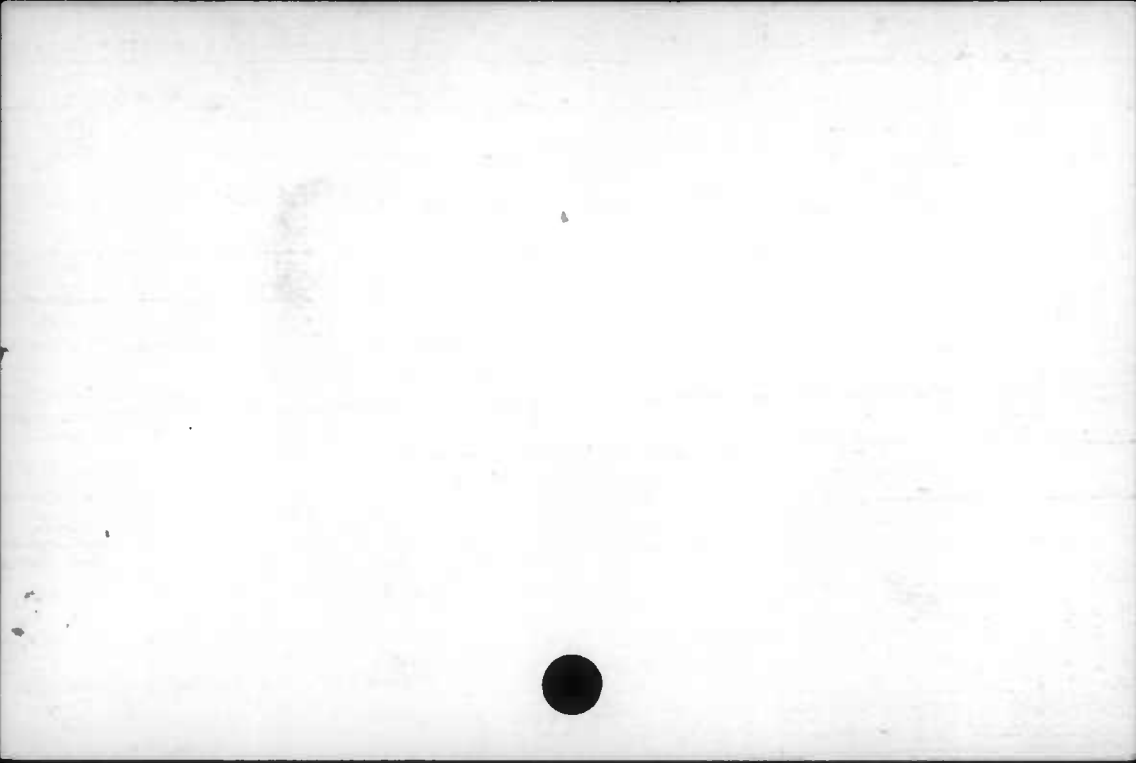
Name *Est May Bollinger* Town *Int Pleasant* County *Garroll* Maryland  
 Died at *Int Pleasant*  
 Date of death 190 *5* Month *Dec* Day *7* Age *1* Years *3* Months *25* Days  
 Sex *Female* Color or Race *White* Birth-place *Garroll Co.*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Ernest E. Bollinger* Father's Birthplace *York Pa.*  
 Mother's Maiden Name *Mary E. Wanta* Mother's Birthplace *Garroll Co.*  
 Name of person giving Information *Ernest E. Bollinger* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Whooping cough* How long *2 weeks*  
 Immediate *Ganallan Bronchitis* How long *5 days*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *Lewis Wetzel M.D.*  
 Address *Union Mills Ind.*  
 Accident or Suicide \_\_\_\_\_



Name  
in  
Full

Ester Julia Byers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Myers List</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Dec</i> <sup>Month</sup>	<i>27</i> <sup>Day</sup>	<i>5</i> <sup>Years</sup>	<i>10</i> <sup>Months</sup>	<i>24</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
<del>Married</del> , Single <i>Single</i> or Widowed		Name of Wife or Husband			
Father's Name <i>Harrie Le Byers</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Mary E Plunkert</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Harrie Le Byers</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary	<i>Burned by heat</i>	How long
Immediate	<i>Burnt to Death</i>	How long <i>13 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. S. Crummett</i>
		Address <i>Littlestown Pa</i>
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Eldersburg</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>5</i>	Age <i>34</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>					
Occupation <i>Blacksmith</i>	Where Residing if not at place of death <i>Same</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Jefferson Campbell</i>	Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Mary Jones</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Joseph Miller</i>	How related to deceased <i>Brother-in-law</i>						

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About 8 mos</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>About 12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. W. Heflinger</i>
	Address <i>Sykesville Ind.</i>
Accident or Suicide?	





Name in Full		Mrs. Catharine Crocker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1908		12	6	41	X	X
		Sex		Color or Race		Birth-place		
		Female		White		Yonk. Pa.		
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Where Residing if not at place of death				
		Housewife		313 N. 21st St. Balt. Md.				
		Married, <del>Single</del> <del>Widowed</del>		Name of Wife or Husband		Sterling I Crocker		
		Father's Name		Father's Birthplace		Joseph Farley		
		Mother's Maiden Name		Mother's Birthplace		Unknown		
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information		How related to deceased				
		Sterling I. Crocker		Husband				
		CAUSES OF DEATH						
		Primary		How long				
		Dislocated Neck.		Instantaneous				
PHYSICIAN OR CORONER		Immediate		How long				
		Heart Failure		Immediate				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
		Yes.		Edgar M. Bush, M.D.				
		Address						
PHYSICIAN OR CORONER		Accident or Suicide?		Address				
		Accident		Hampstead				
				(over)				
				Md.				

Mrs. Cocking was thrown from a runaway  
carriage falling on her head fracturing  
her skull at the base and  
dislocating her neck.

Name  
in  
Full

William C. Darrenberger

## CERTIFICATE OF DEATH

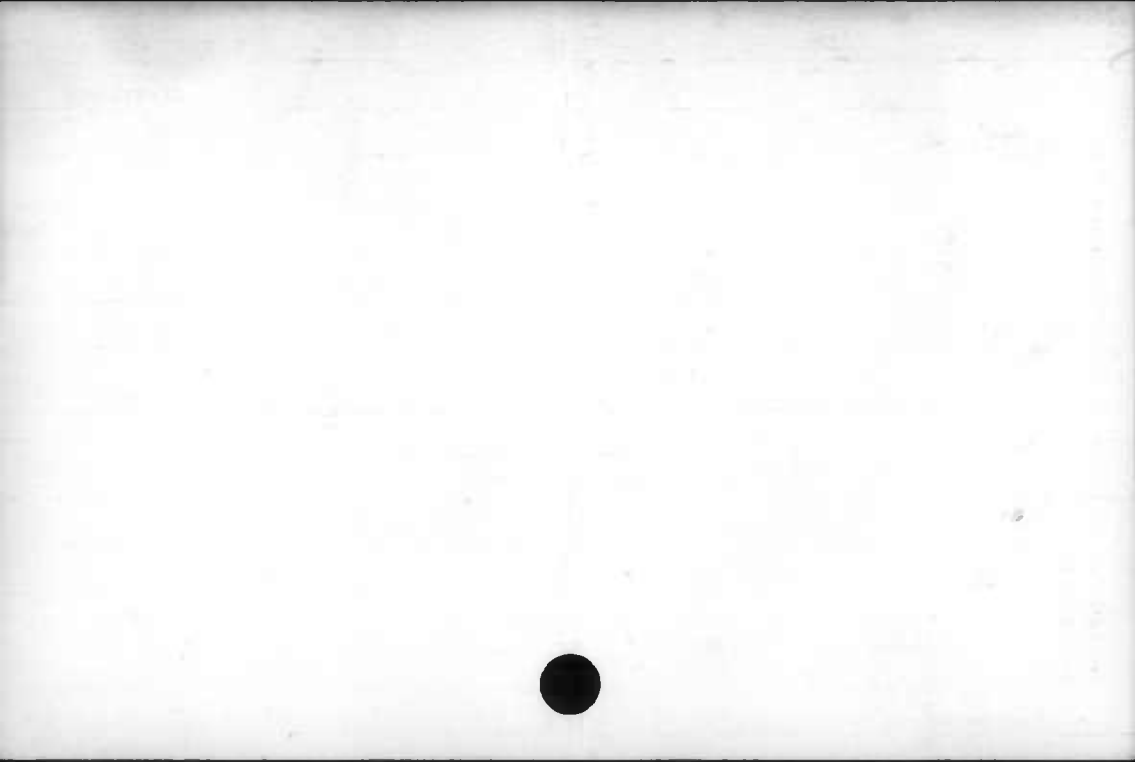
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month <i>Dec</i>	Day <i>28</i>	Age <i>49</i>	Years
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		Months
Occupation <i>Seaman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Darrenberger</i>				
Father's Name <i>David Darrenberger</i>	Father's Birthplace <i>France</i>				
Mother's Maiden Name <i>Elizabeth Lulp</i>	Mother's Birthplace <i>Europe</i>				
Name of person giving Information <i>Hospital records</i>	How related to deceased				

## CAUSES OF DEATH

Primary	<i>General Paralysis</i>	How long	<i>about 2 1/2 yrs</i>
Immediate	<i>Cerebral Apoplexy</i>	How long	<i>Few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. J. Canby</i>
		Address	<i>Sykesville Md</i>
Accident or Suicide	<i>No</i>		

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

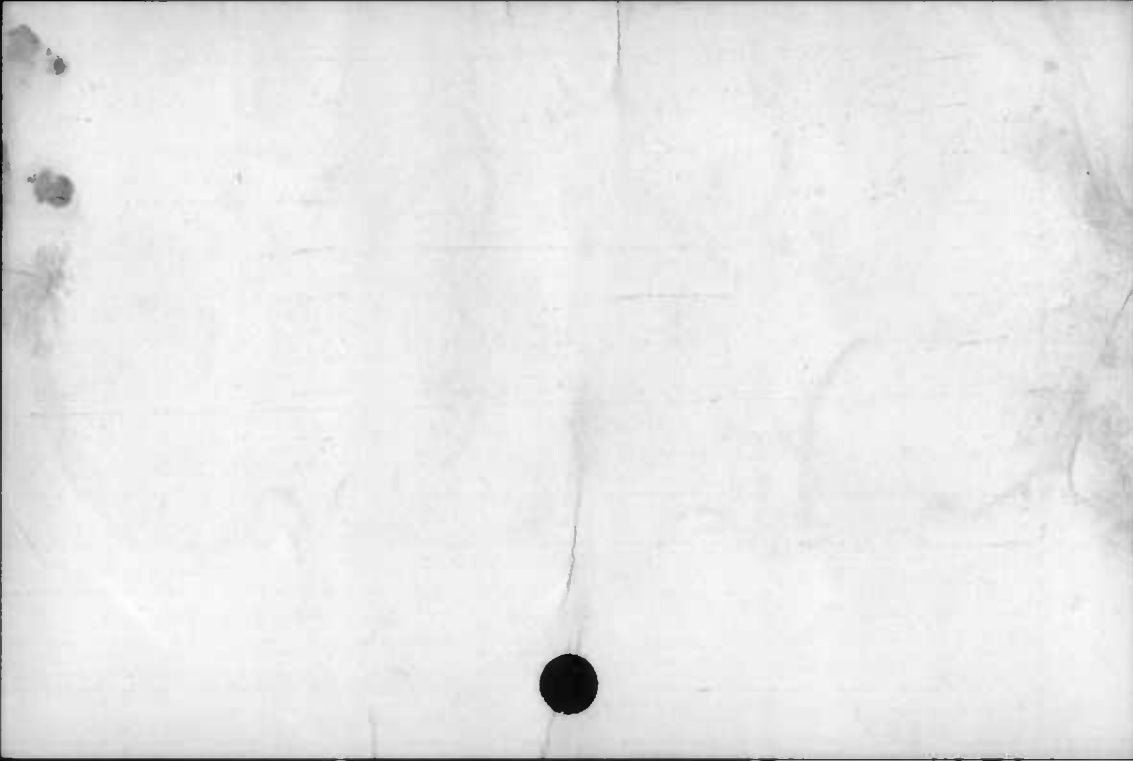
Died at <i>Porters</i>		Town <i>Porters</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Dec</i>	Day	<i>26</i>	Age	<i>54</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md.</i>		Months	<i>7</i>
Occupation <i>none</i>		Where Residing if not at place of death <i>same</i>		Years		Days <i>13</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Augustus E. Dorsey</i>		Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Martha C. Thomas</i>		Name of person giving information <i>P. D. Dorsey</i>		Mother's Birthplace <i>Va.</i>		How related to deceased <i>Brother</i>	

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma of Breast</i>	How long	<i>5 yrs.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>MD Morris</i>	
		Address <i>Eldersburg</i>	
Accident or Suicide? <i>no.</i>		<i>Carroll Co.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Munroe Dorsey

Died at <sup>Town</sup> McKinstry Mills <sup>County</sup> Carroll

MARYLAND

Date of death 1908 <sup>Month</sup> Dec <sup>Day</sup> 23 <sup>Years</sup> Age 16 <sup>Months</sup> — <sup>Days</sup> —Sex Male <sup>Color or Race</sup> Colored <sup>Birth-place</sup> MarylandOccupation none <sup>Where Residing if not at place of death</sup> sameMarried, Single or Widowed Single <sup>Name of Wife or Husband</sup> noneFather's Name Eugene Dorsey <sup>Father's Birthplace</sup> MarylandMother's Maiden Name Elizabeth Washington <sup>Mother's Birthplace</sup> MarylandName of person giving Information Theodore Dorsey <sup>How related to deceased</sup> uncle

## CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis <sup>How long</sup> One yearImmediate General Asthenia <sup>How long</sup> six months

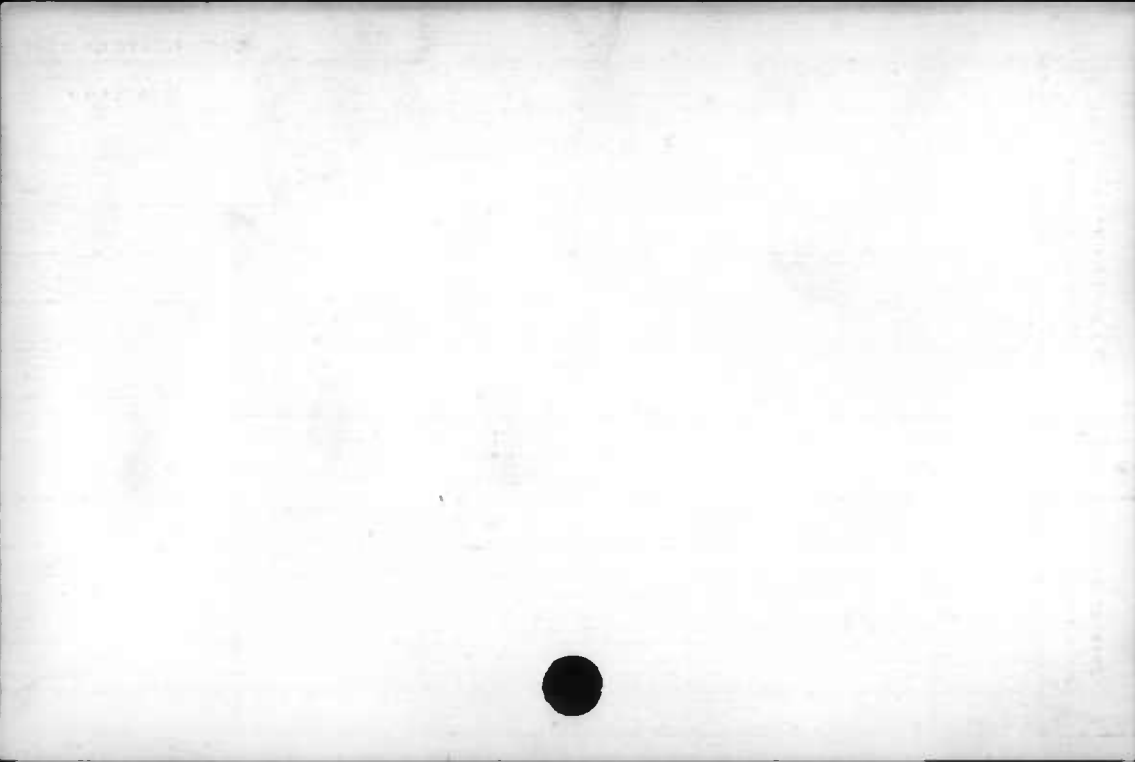
Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician J. H. Legg

Address Union Bridge, Md

Accident or Suicide no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Frederick Elmhurst

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carrall</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>5</i>	Years <i>56</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Harness Maker</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Hospital Records</i>		How related to deceased			

## CAUSES OF DEATH

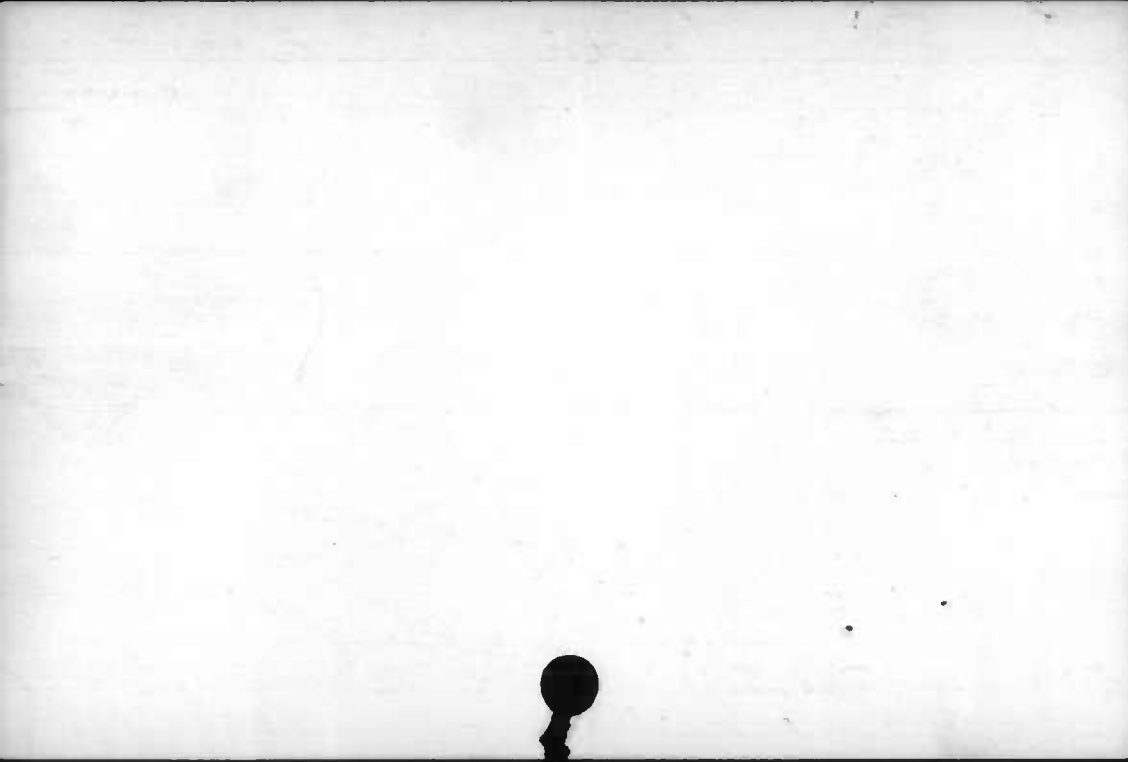
How long

How long

How long

PHYSICIAN  
OR CORONER

Primary <i>General Paralysis</i>	<i>about 5 years</i>
Immediate <i>Cerebral congestion</i>	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Carey</i>
	Address <i>Lynchville, Md.</i>
Accident or Suicide <i>No</i>	



Name  
In  
Full419  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <i>Infant Essig</i> <i>Union Mills</i> <i>Carroll</i> <i>County</i>		TOWN		COUNTY		MARYLAND	
Date of death <i>1908</i>		Month <i>Dec</i>	Day <i>8</i>	Age <i>8</i>		Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>in Union Mills</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Frank Essig</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lena Bontz</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Frank Essig</i>				How related to deceased <i>Father</i>			

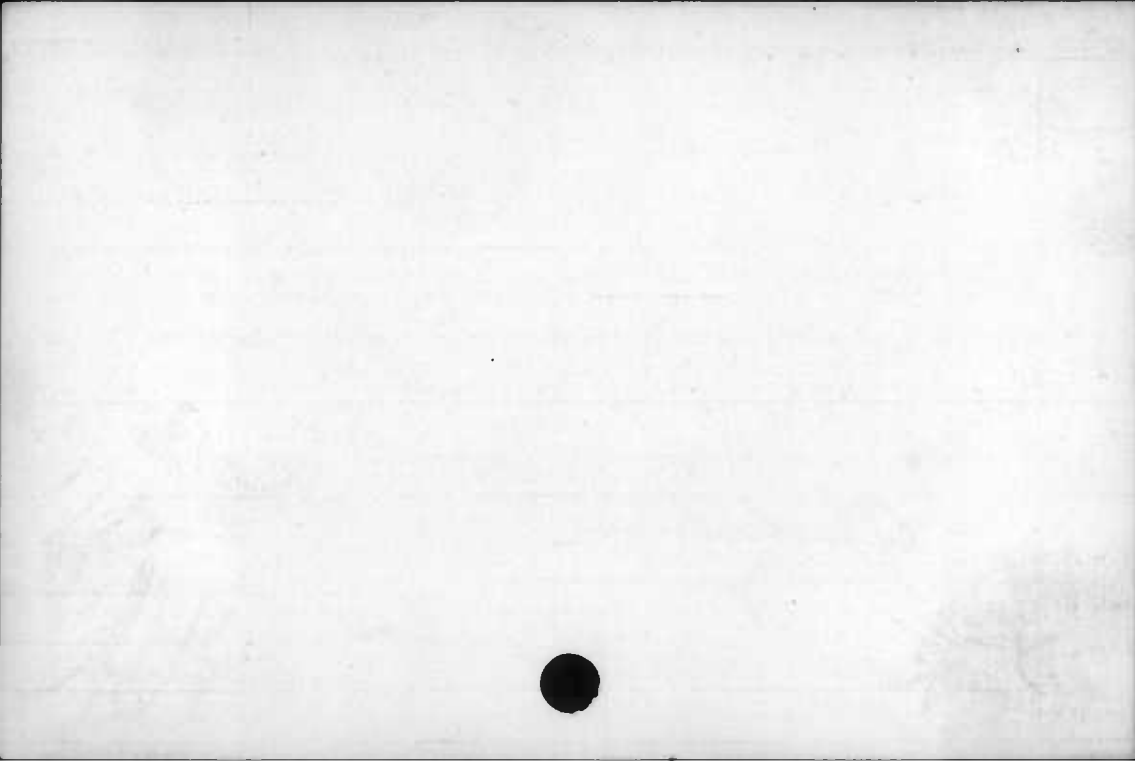
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Still Born</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Stewart</i>
	Address <i>Westminster</i>
Accident or Suicide?	<i>End</i>

St Benjamins cemetery  
Houses

Name in Full		Laura M Fogle				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Taneytown		County		MARYLAND			
	Date of death	1908	Month	Dec	Day	9	Age	54	
						Months	10	Days	11
	Sex	Female		Color or Race	White		Birth-place	Carroll Co Ind	
	Occupation	Housewife		Where Residing if not at place of death					
	Married, Single or Widowed	Married		Name of Wife or Husband	John T Fogle				
	Father's Name	Americus Shoemaker				Father's Birthplace	Carroll Co Ind		
	Mother's Maiden Name	Mary Crabbs				Mother's Birthplace	" " "		
Name of person giving information	John T Fogle				How related to deceased	Husband			
<div style="text-align: center;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER	Primary	Cancer of Liver				How long	2 yrs		
	Immediate	Exhaustion				How long			
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Robbie M		
						Address	Taneytown		
	Accident or Suicide?								



Name  
in  
Full

Charles W Forrest

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

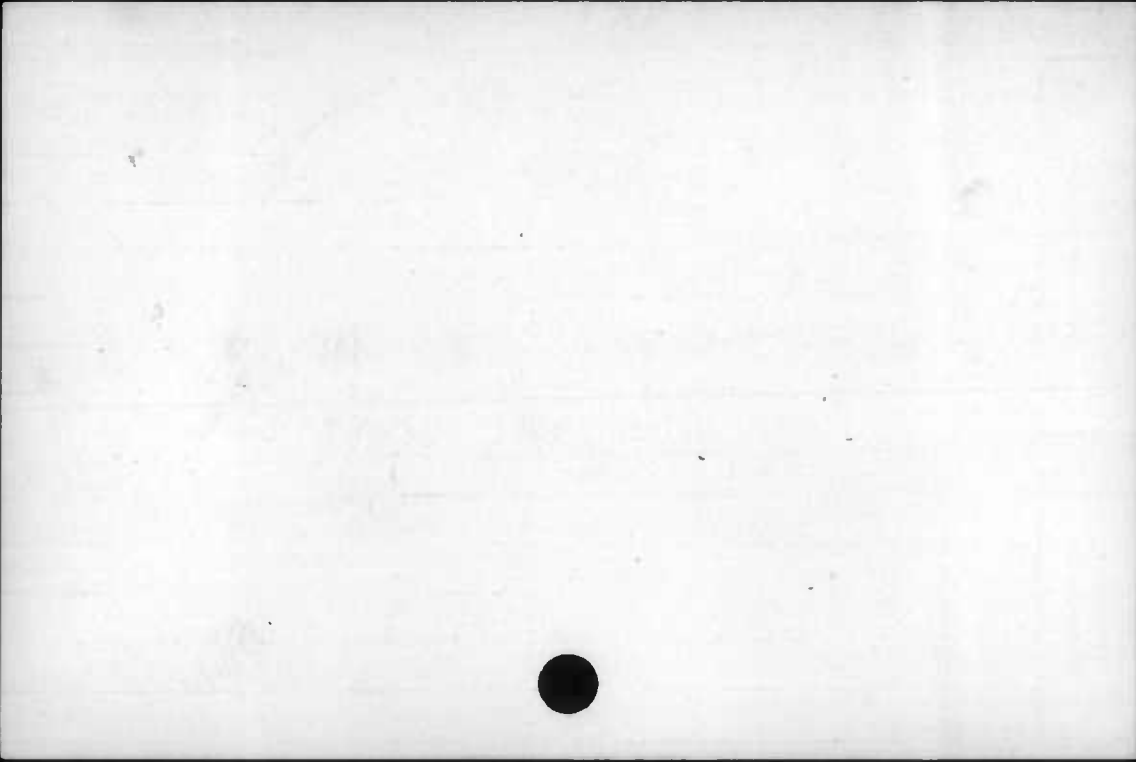
Died at <sup>Town</sup> <i>Laneytown</i>		<sup>County</sup> <i>Barroll</i>		MARYLAND	
Date of death	1908	Month	<i>Dec</i>	Day	<i>22</i>
Age	<i>44</i>	Years		Months	<i>3</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Hoover Pa</i>
Occupation	<i>Druggist</i>		Where Residing if not at place of death		
<del>Married</del> , Single or <del>Widowed</del>	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>John S Forrest</i>			Father's Birthplace	<i>Federick Md</i>
Mother's Maiden Name	<i>Emma L Currens</i>			Mother's Birthplace	<i>Laneytown Ind</i>
Name of person giving information	<i>May Forrest</i>			How related to deceased	<i>Sister</i>

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary	<i>Alcoholism</i>	How long	<i>3 days</i>
Immediate	<i>Heart failure</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Charles E. Roup</i>	
		Address	
		<i>Laneytown Md.</i>	
Accident or Suicide?			





Name  
in  
Full

Sarah Fuhrman

427  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stonerville</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Dec</i> <sup>Month</sup>	<i>30</i> <sup>Day</sup>	<i>76</i> <sup>Years</sup>	<i>9</i> <sup>Months</sup>	<i>28</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Retired</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Abraham Fuhrman</i>				
Father's Name <i>John Early</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Eliza Knott</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>John Fuhrman</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 Years</i>
Immediate <i>Stroke</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John D. Mathias</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	

St Benjamins cemetery  
Stones

Name  
in  
Full

Edward Gelpillan

CERTIFICATE OF DEATH

Town

County

Died at Springfield Hospital

Carroll

MARYLAND

Date

of death 1908

Month

Dec

Day

14

Year

36

Months

Days

Age

Sex

Male

Color or  
Race

White

Birth-  
place

Va.

Occupation

Collector

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Phoebe Gelpillan

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

"

Mother's  
Birthplace

"

Name of person giving  
Information

Hospital records

How related  
to deceased

## CAUSES OF DEATH

68

Primary

Organic Hemertia  
Exhaustion

How long

about 6 mth.

Immediate

How long

progressive

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Chas. J. Carey

Address

Sykesville Md.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Harry Guyham</i>		Town <i>Mountaintown</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Mountaintown</i>		Month <i>Dec</i>		Day <i>24</i>		Age <i>45</i>	
Date of death <i>1908</i>		Months		Years		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Farm</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>S. M. A. 22. Guyham</i>					
Father's Name <i>Sam. Guyham</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>M. A. Harris</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>S. T. Guyham</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

56

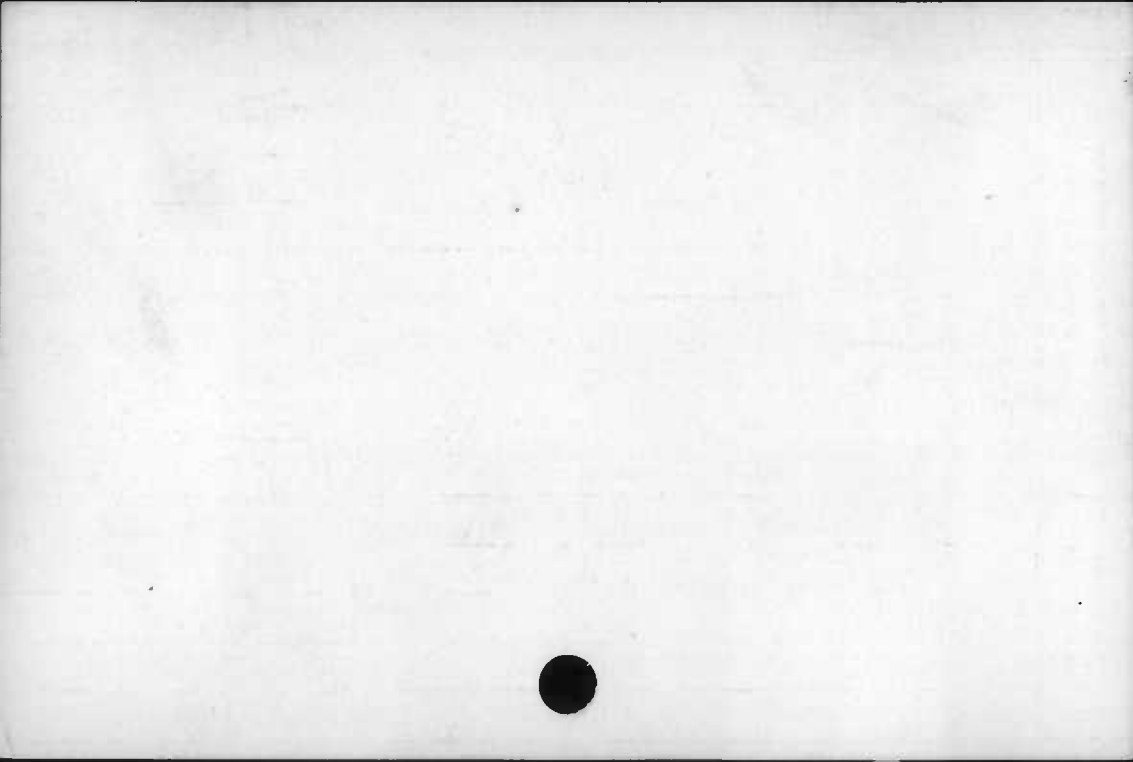
PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Acute Alcoholism</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Luther Stump</i>	
		Address <i>Mountaintown Md</i>	
Accident or Suicide?		Filed 1908	

July 10. The cross. 40-

Bureau of the Lord country

Name in Full		James L. Haines				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND					
		Near Taneytown			Carroll						
		Date of death	1908	Dec	31	Age	8	Months	10	Days	12
		Sex	Male	Color or Race	White	Birth-place	Taneytown Dist				
		Occupation	None	Where Residing if not at place of death							
		Married, Single or Widowed	Single	Name of Wife or Husband							
		Father's Name	James L. Haines			Father's Birthplace	Carroll Co Ind				
		Mother's Maiden Name	Sallie A Hess			Mother's Birthplace	Adams Co Pa				
		Name of person giving information	James L Haines			How related to deceased	Father				
		<p><i>Caught, fifteen years &amp; over, piece of mahogany splinter.</i></p>					<p>CAUSES OF DEATH</p> <p>166</p>				
PHYSICIAN OR CORONER		Primary	Contused wound of abdomen				How long	22 hours			
		Immediate	Peritonitis & shock				How long	5 - 11			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Charles E. Crook				
						Address	Taneytown				
		Accident or Suicide?		Accident							





Name  
in  
Full

Elizabeth Jane Horning

## CERTIFICATE OF DEATH

Died at: <sup>Town</sup> New Windsor <sup>County</sup> Carroll

MARYLAND

Date of death: 1908 Dec 4 Age 45 Months Days

Sex: Female Color or Race: White Birth-place: Maryland

Occupation: House Wife Where Residing if not at place of death: New Windsor

Married, Single or Widowed: Married Name of Wife or Husband: Mrs Horning

Father's Name: Jacob Garnick Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Garnick Mother's Birthplace: Maryland

Name of person giving information: Mrs Horning How related to deceased: Husband

## CAUSES OF DEATH

119

Primary: Acute Nephritis How long: 4 weeks.  
Immediate: Cardiac Asthenia How long: 10 minutes.

Are the name, age, sex, color, date and place correctly given above?

Yes

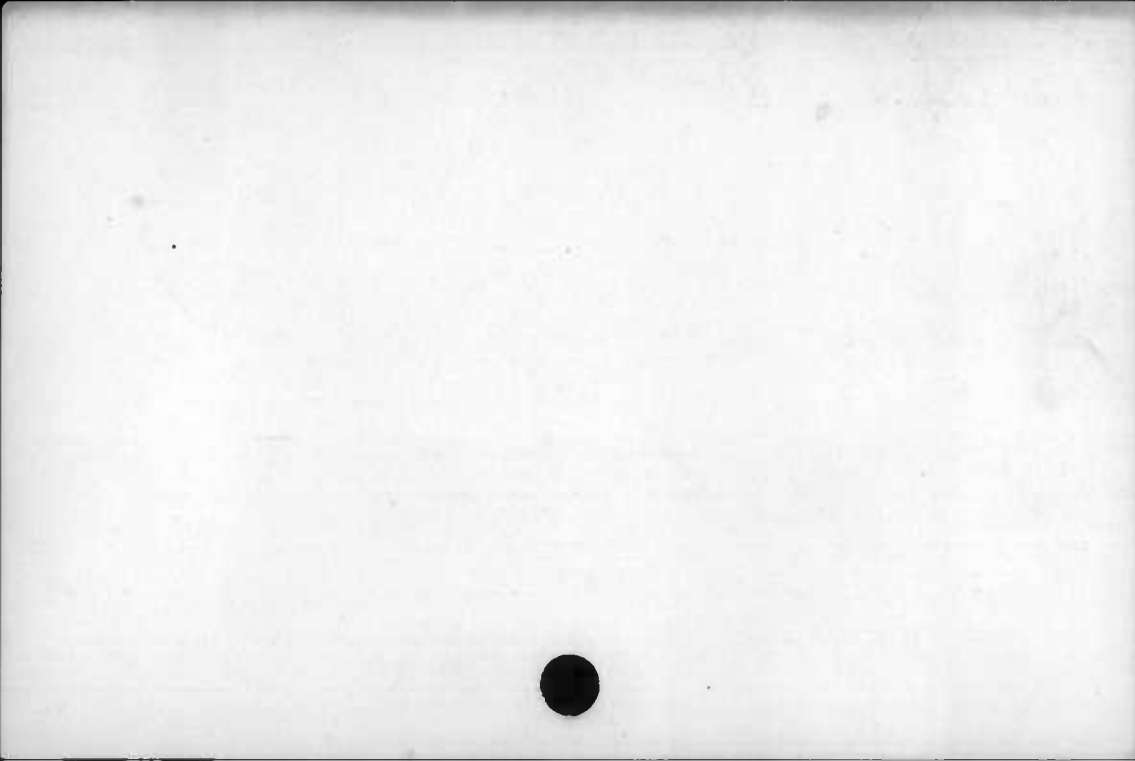
Signature of Physician

Address

J. H. Gatty.  
New Windsor  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

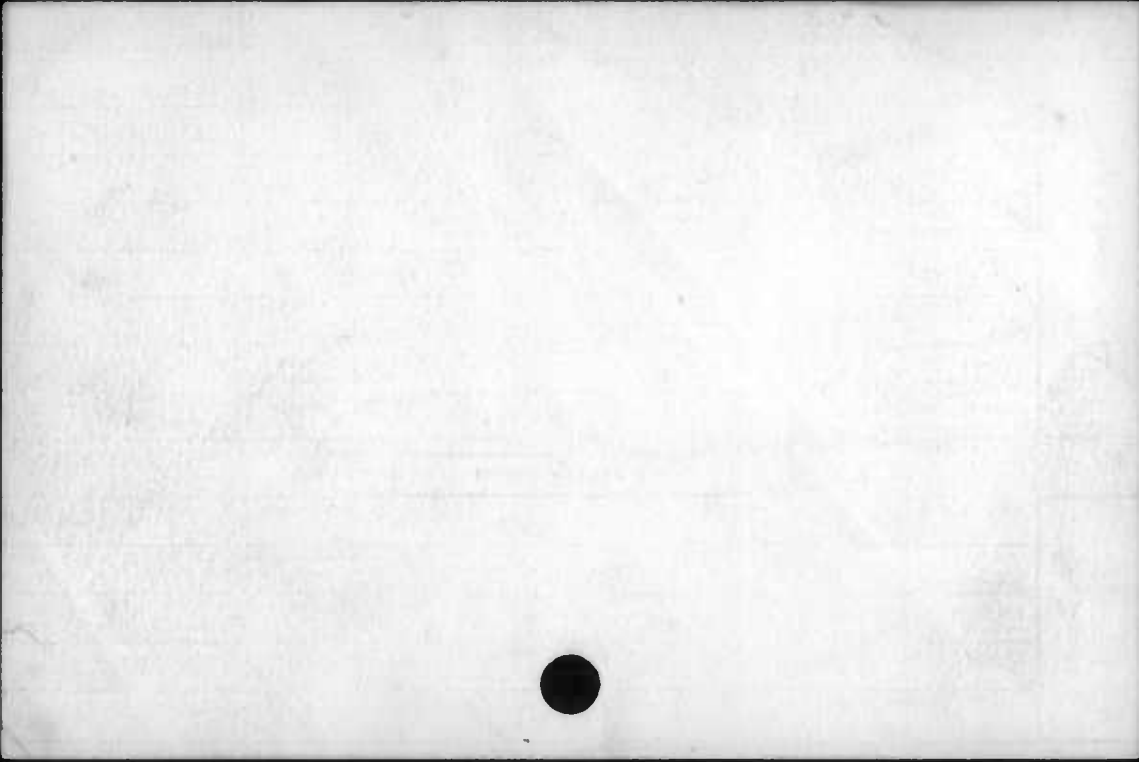
Died at <i>Linboro</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Dec.	Day	16
Age	77	Years		Months	10
Sex	Male	Color or Race	White	Birthplace	York Co Pa
Occupation	Farmer		Where Residing if not at place of death <i>Linboro Md.</i>		
Married, <input checked="" type="checkbox"/>	Name of Wife or Husband		<i>Annie Elizabeth Keeny</i>		
Father's Name	<i>Henry Keeny</i>		Father's Birthplace	<i>York Co Pa</i>	
Mother's Maiden Name	<i>Annie Young</i>		Mother's Birthplace	<i>York Co. Pa.</i>	
Name of person giving information	<i>Annie B. Keeny</i>		How related to deceased	<i>Wife</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Mitral Regurgitate Heart</i>	How long	<i>18 Months</i>
Immediate	<i>Heart Failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes.</i>		<i>T. Hayward Werby MP</i>	
		Address	
		<i>Linboro Md.</i>	
Accident or Suicide?			



Name  
in  
Full

John Rosco King

421  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Dec</i>	Day <i>9</i>	Age Years	Months <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Edward King</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Anna Blaisberry</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Edward King</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pertussis - Broncho-pneumonia</i>	How long <i>2 weeks</i>
Immediate	<i>Heart Failure</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Arthur Barr</i>
		Address <i>Westminster</i>
Accident or Suicide?		<i>Ind.</i>

St. Benjamins cemetery  
Stover

Name  
in  
Full

Ellen Amelia Mercier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

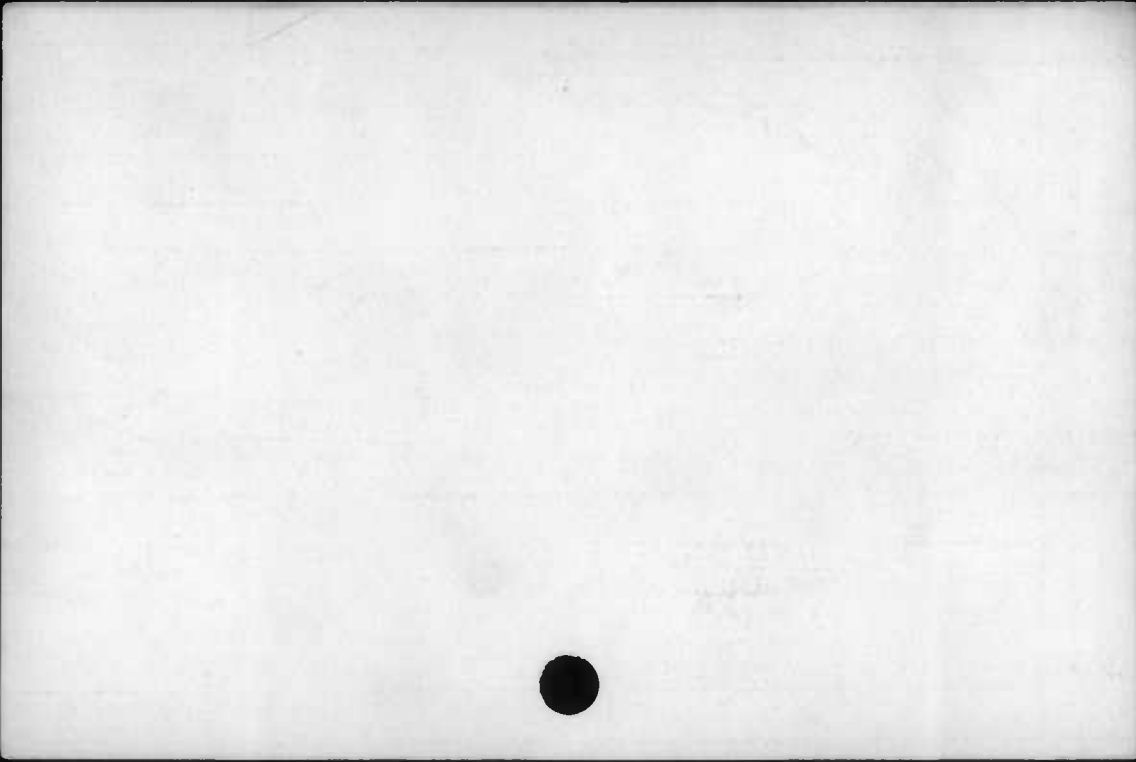
Died at		Town <i>Day</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Dec</i>	Day	<i>18</i>	Age	<i>69</i>
				Years	<i>1</i>	Months	<i>19</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>New York City</i>
Occupation	<i>House wife</i>			Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed	<i>widowed</i>		Name of Wife or Husband	<i>Thomas B Mercier</i>			
Father's Name	<i>Charles Woods</i>					Father's Birthplace	<i>Concord N.H.</i>
Mother's Maiden Name	<i>Julia Shipley</i>					Mother's Birthplace	<i>Howard Co. Md.</i>
Name of person giving information	<i>E Pearl Mercier</i>					How related to deceased	<i>Daughter</i>

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Urtrial insufficiency</i>	How long	<i>5 yrs.</i>
Immediate	<i>Cardiac exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>E D Crunk</i>	
Address		<i>Winfield Carroll Co.</i>	
Accident or Suicide?			





Name  
in  
Full426  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John A. House</b>		Town <b>Sandyville</b>		County <b>Carroll</b>		State <b>MARYLAND</b>	
Died at <b>Sandyville</b>		Month <b>Dec</b>		Day <b>20</b>		Age <b>56</b>	
Date of death <b>1908</b>		Months <b>—</b>		Days <b>—</b>			
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Penn<sup>a</sup></b>			
Occupation <b>Laborer</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Jane. Mann</b>					
Father's Name <b>George H. House</b>		Father's Birthplace <b>Penn<sup>a</sup></b>					
Mother's Maiden Name <b>Elizabeth Souders</b>		Mother's Birthplace <b>LI</b>					
Name of person giving information <b>George H. House</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<b>T Tuberculosis Pulmonalis</b>	How long <b>3 mos</b>
Immediate		How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Eugene M. Sullivan,</b>
		Address <b>Westminster, Md</b>
Accident or Suicide? <b>—</b>		

Sandymount-  
Ermitage

---

Name  
in  
Full

Karl Peine

## CERTIFICATE OF DEATH

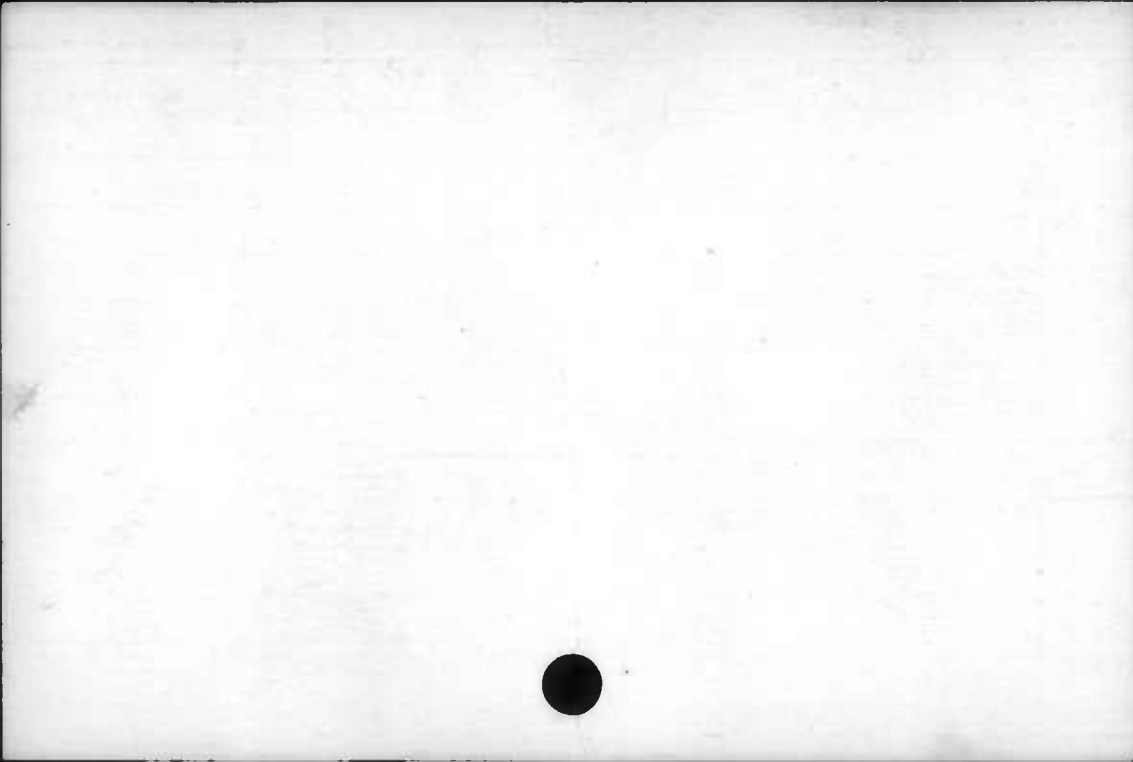
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month	Dec	Day	22
Age		61		Years	
Sex		Male		Color or Race	White
Occupation		Laborer		Birth-place	Germany
Married, Single or Widowed		Married		Where Residing if not at place of death	
Father's Name		Unknown		Father's Birthplace	
Mother's Maiden Name		"		Mother's Birthplace	
Name of person giving Information		Hospital records		How related to deceased	

## CAUSES OF DEATH

Primary	<i>Epileptic dementia</i>	How long	<i>23 yrs</i>
Immediate	<i>Hypostatic Congestion of lungs</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas. J. Carey	
No		Address	
Accident or Suicide		Syracuse Md	

PHYSICIAN  
OR CORONER



Name  
in  
Full423  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Milton Lawrence Reipsneider

Died at *near Westminster* Town *Carroll* County

MARYLAND

Date of death *1908* Month *Dec* Day *14* Age *—* Years Months *1* Days *7*Sex *male* Color or Race *white* Birth-place *Maryland*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *single* Name of Wife or Husband *—*Father's Name *Claudd Reipsneider* Father's Birthplace *Maryland*Mother's Maiden Name *Eunna Yingling* Mother's Birthplace *Maryland*Name of person giving information *Claudd Reipsneider* How related to deceased *Father*

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONERPrimary *Indigestion* How long *one month*Immediate *Mania* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Chas. R. Foutz*  
*Westminster*  
*Md.*Accident or Suicide? *—*

Taneytown cemetery  
Stones

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

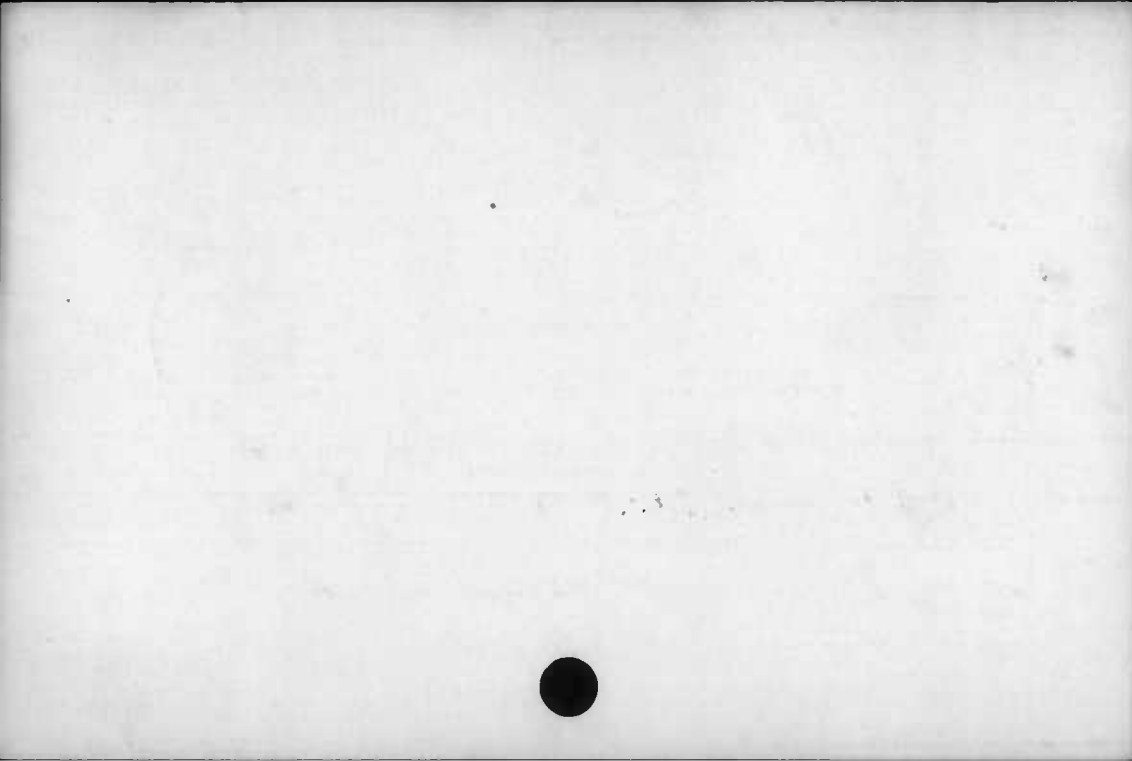
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908 Dec -		12	12	43	5	17	
Sex	Male	Color or Race	White	Birth-place	Taneytown, Md.		
Occupation	Farmer & Miller			Where Residing if not at place of death	at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Ida Sabella Shriner				
Father's Name	William Shieldt			Father's Birthplace	Taneytown, Md.		
Mother's Maiden Name	Sophia Postrian			Mother's Birthplace	Horseboro, Md.		
Name of person giving information	Ida J. Shieldt			How related to deceased	Wife		

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	Cancer of left kidney & abscess in left lung - opens on	How long	29 Months
Immediate	Dec. 27, 1907	How long	
Are the cause, date and place correctly given above?			
Yes -		Signature of Physician	O. J. Miller -
No		Address	Deton, Md.
Accident or Suicide?		No	





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER424  
CERTIFICATE OF DEATH

MARYLAND

Died at *Westminster* TownCounty *Comroe*Date of death *1908* *Dec* MonthDay *17*

Age

Years

Months *2*

Days

Sex *Female*

Color or Race

*White*

Birth-place

*Maryland*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Hershal G. Shipley*

Father's Birthplace

*Maryland*

Mother's Maiden Name

*Ella H. Stonesifer*

Mother's Birthplace

*Maryland*

Name of person giving information

*Hershal G. Shipley*

How related to deceased

*Father's*

CAUSES OF DEATH

*105*

Primary

*Cholera Infantum*

How long

*2 days*

Immediate

*Heart Failure*

How long

*1 hour*

Are the name, age, sex, color, date and place correctly given above?

*yrs*

Signature of Physician

Address

*Fincher Barr,*  
*Westminster,**Md.*

Accident or Suicide?

St. Benjamins Cundy  
Stones,

Name  
in  
Full

Charles F. Stell,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

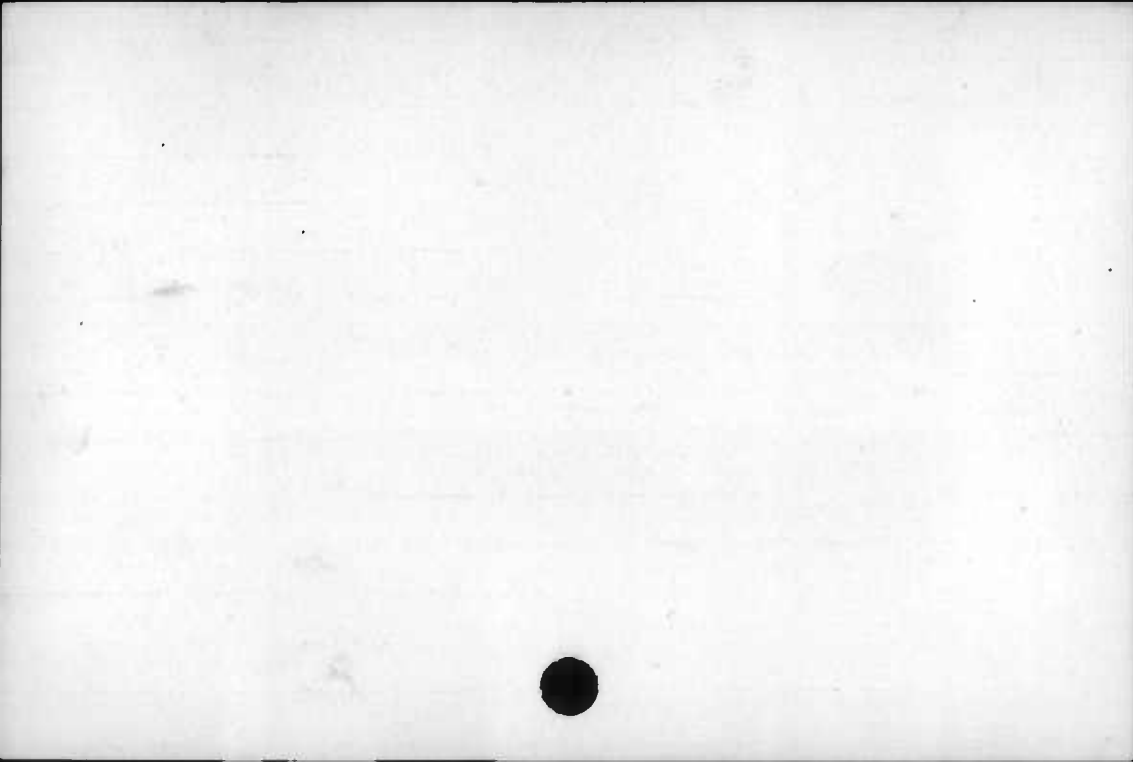
Died at <u>Union Bridge</u>		Town <u>Barroll</u>		County		MARYLAND	
Date of death	1908	Month	12	Day	14	Years	42
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>New York</u>		Months	0
Occupation <u>Hotel Proprietor</u>		Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Alice R. Stell</u>					
Father's Name <u>Michael Stell</u>		Father's Birthplace <u>New York</u>					
Mother's Maiden Name <u>Amelia Benthiner</u>		Mother's Birthplace <u>Germany</u>					
Name of person giving information <u>Alice R. Stell</u>		How related to deceased <u>Wife</u>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long	<u>34 years</u>
Immediate	<u>Uremia</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. Hubert Brown</u>	
		Address <u>Union Bridge</u> <u>Carroll Co.</u>	
Accident or Suicide? <u></u>			



Name  
in  
Full

David Strum,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

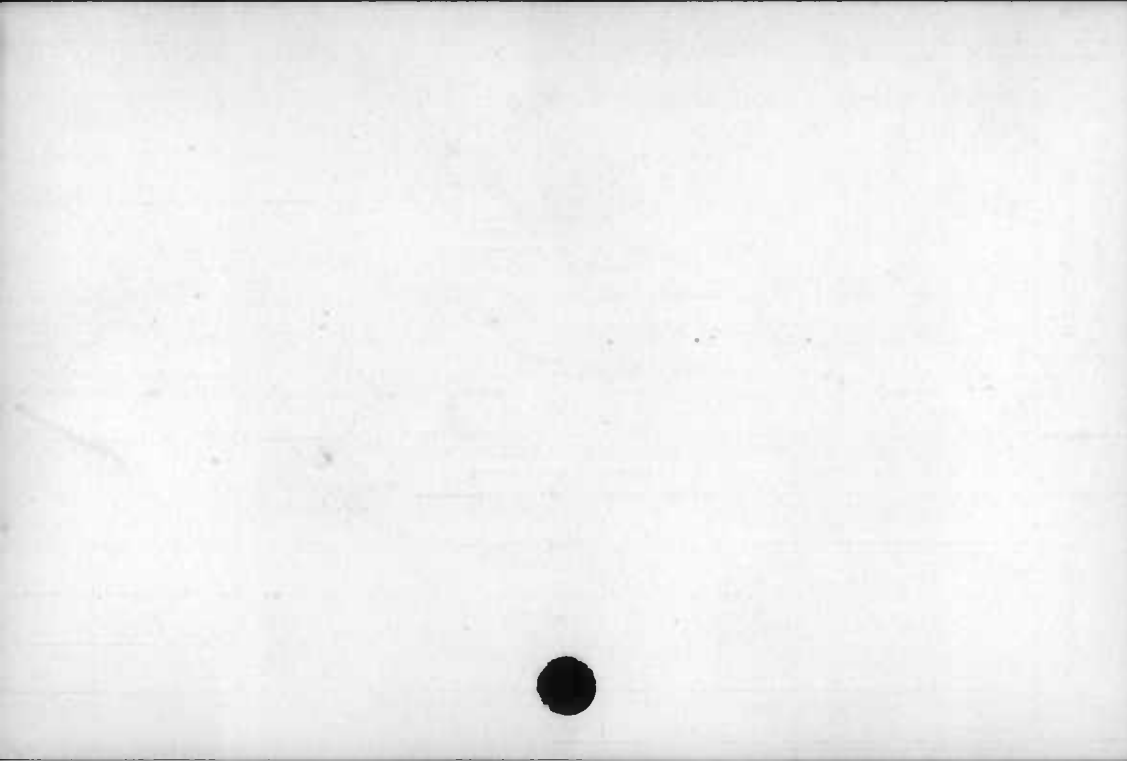
Died at <i>Union Bridge</i>		Town		County <i>Carrroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>12</i>	Age <i>47</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rosa Strum</i>					
Father's Name <i>Henry Strum</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary Hartney</i>				Mother's Birthplace <i>Carrroll Co Md</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>2 yrs</i>
Immediate <i>Aphobly</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Brown</i>
	Address <i>Union Bridge</i>
Accident or Suicide?	



Name  
in  
Full

Sarah Elizabeth Towner

## CERTIFICATE OF DEATH

Died at

New Windsor Carroll County

MARYLAND

Date

of death 1908 Dec

Month

Day

18

Years

Age 5-6

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Maryland

Occupation

Househelp

Where Residing if not  
at place of death

New Windsor

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Edmund Towner

Father's  
Name

Geo. Holden

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Eveline Dorsey

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Miss Lizzie Smith

How related  
to deceased

No.

## CAUSES OF DEATH

27

Primary

Pneumonia

How long

6 months

Immediate

Hemoptysis

How long

1/2 hr.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Dr. E. Whitehill

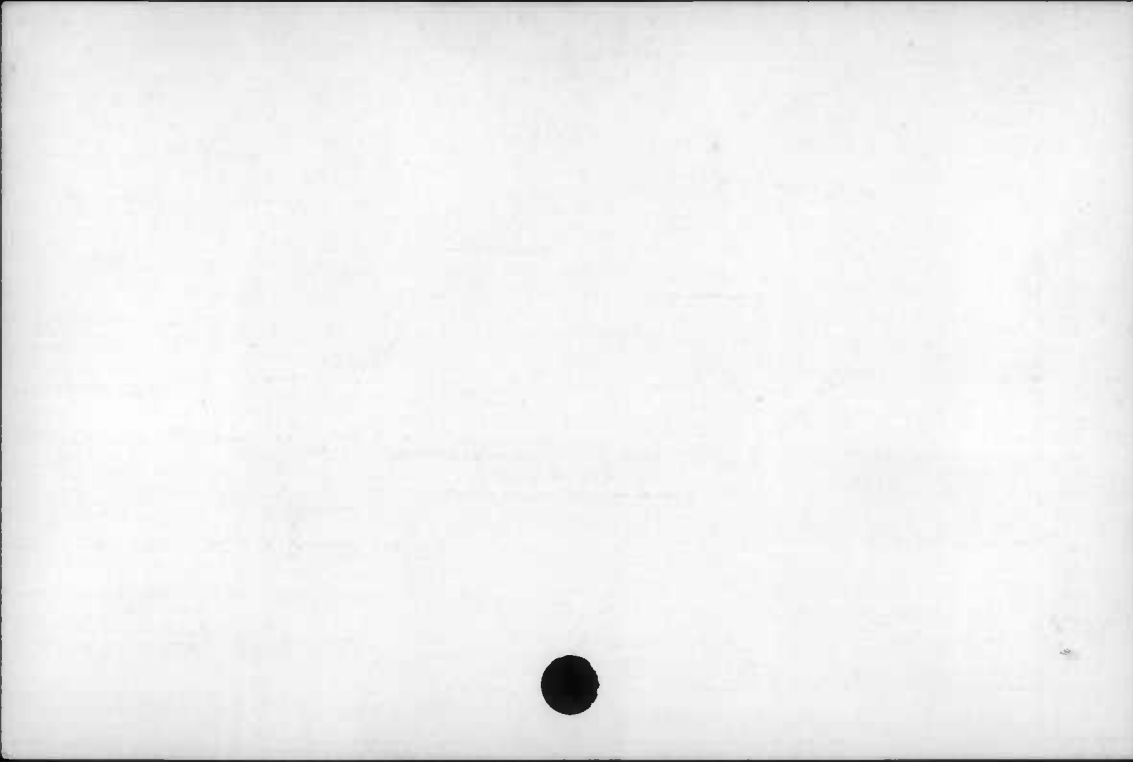
Address

New Windsor Md

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

*Gilbert Theodore Turple*

422  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Westminster</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month	dec	Day	9
Age		Years		Months	8
Sex	male		Color or Race	white	
Occupation			Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		William Brown		Father's Birthplace	
				Maryland	
Mother's Maiden Name		Nannie Turple		Mother's Birthplace	
				dec	
Name of person giving information		William Turple		How related to deceased	
				Grandfather	

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Acute indigestion</i>		How long	<i>24 hours</i>	
Immediate	<i>11</i>		How long	<i>11</i>	
Are the name, age, sex, color, date and place correctly given above?		yes			
Signature of Physician		<i>D. F. Shipley M.D.</i>			
Address		<i>Westminster Md.</i>			
Accident or Suicide?					

Shaner

Westminster County

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

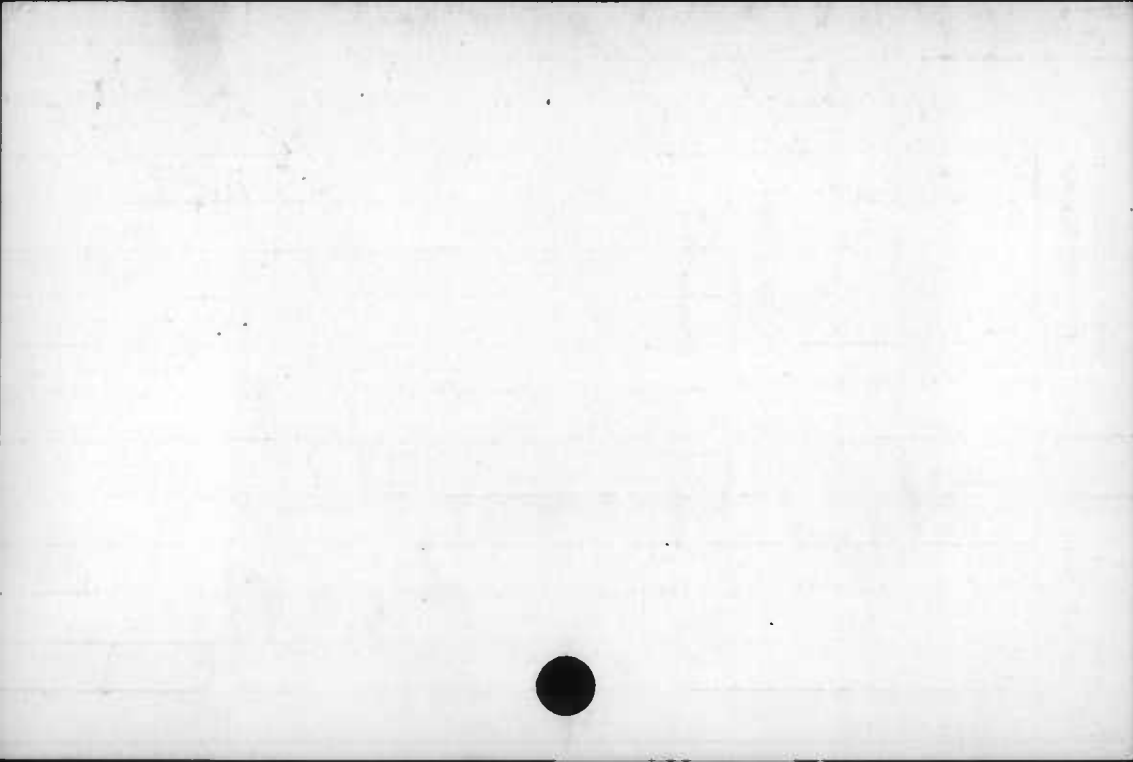
Died at <i>Bruceville</i>		County <i>Carroll</i>	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>15</i>	Age <i>74</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co Ind</i>	Months <i>2</i>
Occupation <i>farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sophia White</i>		
Father's Name <i>John White</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary Stultz</i>	Mother's Birthplace <i>Carroll Co Ind</i>		
Name of person giving information <i>John White</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Organic heart disease</i>	How long <i>about a year</i>
Immediate <i>Heart failure</i>	How long <i>4-5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Jones</i>
	Address <i>Danburytown, Ind.</i>
Accident or Suicide <i>No</i>	



Name in Full		John William				425		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Westminster		County Carroll		MARYLAND		
	Date of death		1908	Month Dec	Day 18	Age	Years 55	Months 3	Days 4
	Sex		Male		Color or Race		Colored		Birth-place
	Occupation		Laborer		Where Residing if not at place of death		Maryland		
	Married, Single or Widowed		Married		Name of Wife or Husband		Fannie Williams		
	Father's Name		Don't Know		Father's Birthplace				
	Mother's Maiden Name		Don't Know		Mother's Birthplace				
Name of person giving information		Fannie Williams		How related to deceased		Wife.			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin-left: 20px;">27</div>									
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis				How long		
	Immediate		Asthma				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
					Address				
				Westminster					
Accident or Suicide?									

Ellsforth Cemetery  
Stoner,

Name  
in  
Full

Margaretta J. Winder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

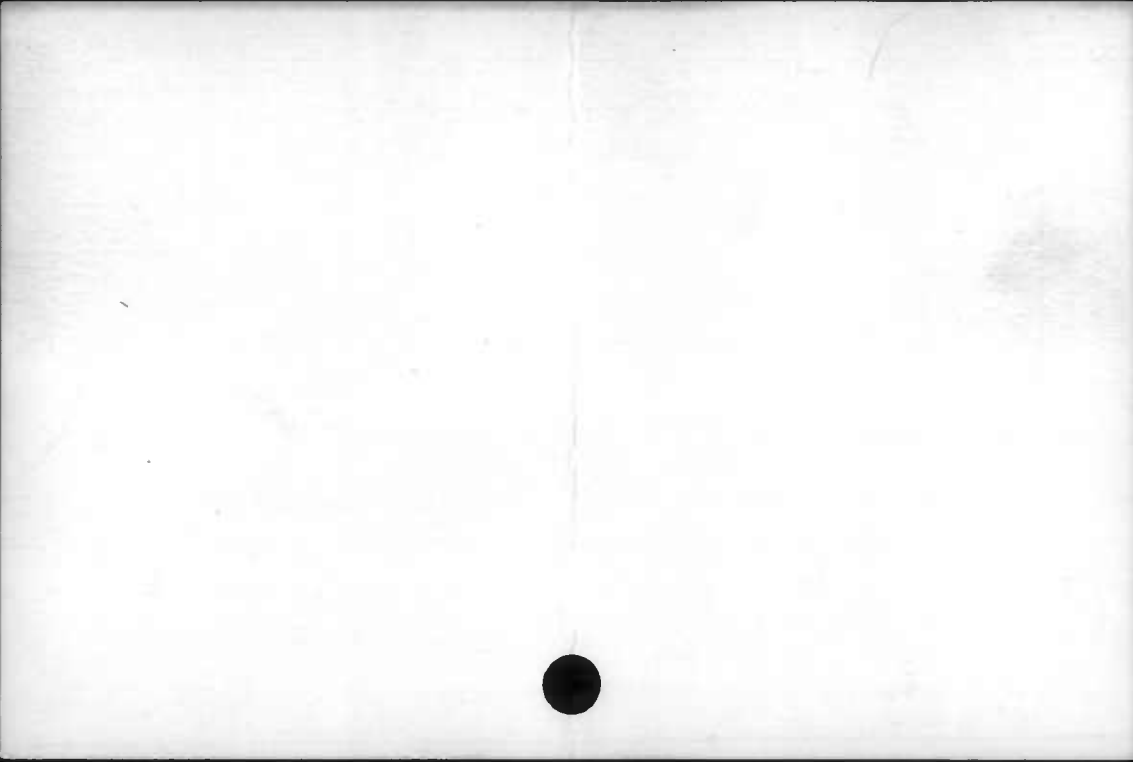
Died at		Town Springfield Hospital -		County Carroll -		MARYLAND	
Date of death		1908	Month December	Day 16 <sup>th</sup>	Age 82	Years	Months —
Sex Female		Color or Race White		Birth- place Penn.			
Occupation House keeper		Where Reiding if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband Unknown					
Father's Name Samuel y. Thornton		Father's Birthplace Penn.					
Mother's Maiden Name Sarah A. Paul		Mother's Birthplace Penn.					
Name of person giving Information Hospital records -		How related to deceased None.					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Senile Dementia	How long	3 yrs.
Immediate	Exhaustion	How long	2 weeks —
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		W. Henry Fisher M.D.	
Address		Sykesville	
Accident or Suicide		No.	





Name  
in  
Full

Jennie Winstead

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

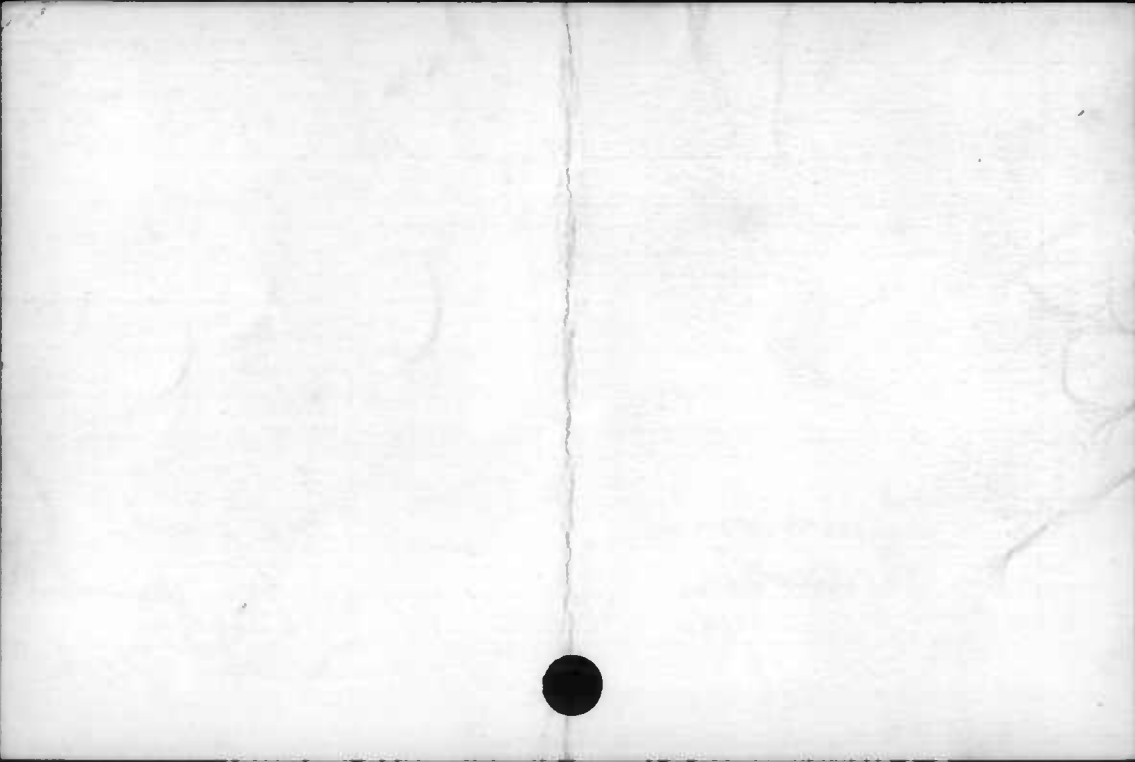
Died at <i>Springfield Hospital - Carroca</i>		Town <i>Carroca</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>December</i>	Day <i>16<sup>th</sup></i>	Years <i>40</i>	Months	Days		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edward Winstead</i>					
Father's Name <i>Henry Garner</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Mary Bromley</i>		Mother's Birthplace <i>Va</i>					
Name of person giving Information <i>Hospital records</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

(67)

PHYSICIAN  
OR CORONER

Primary	<i>General Paresis</i>	How long	<i>1 year</i>
Immediate	<i>Cerebral Meningitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. Henry Fish M.D.</i>	
		Address <i>Spartanburg</i>	
Accident or Suicide <i>No.</i>		<i>Ind -</i>	



Name  
in  
Full

Raymond Edward

Witte

420  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIENDDied at *near Westminster* TownCounty *Carroll*

MARYLAND

Date of death *1908* *Dec* MonthDay *8*Age *5* YearsMonths *3*Days *22*Sex *Male*Color or Race *white*Birth-place *Maryland*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Edward T. Witte*Father's Birthplace *Maryland*Mother's Maiden Name *Catherine Jordan*Mother's Birthplace *Maryland*Name of person giving information *Edward T. Witte*How related to deceased *Father*

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONERPrimary *Pneumonia*How long *one week*Immediate *Cyanosis*

How long

Are the name, age, sex, color, date, and place correctly given above? *yes*

Signature of Physician

Address

*M. L. Batt*  
*Westminster Md*

Accident or Suicide?

St. John Leister.  
Stover.

Name  
in  
Full

Lillian Young

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

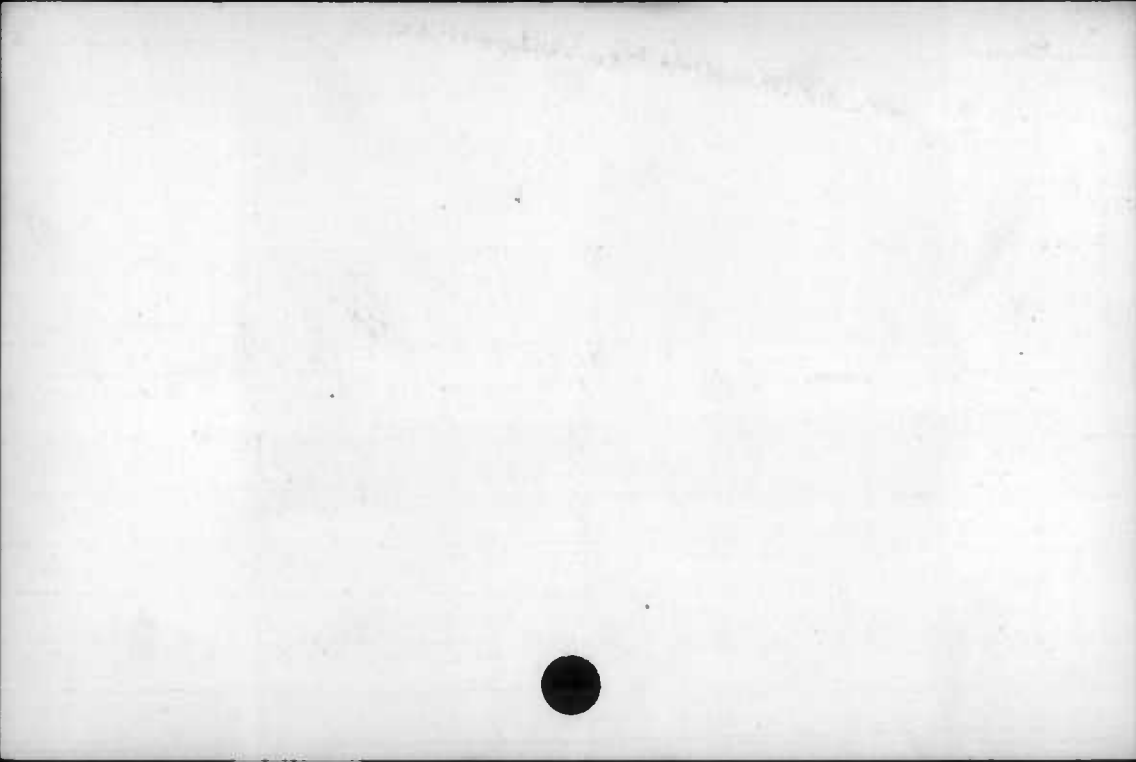
Died at		Town Eldersburg		County Carroll		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Dec	3	9		10	27
Sex		Color or Race		Birth-place			
Female		White					
Occupation		Where Residing if not at place of death					
none		same					
Married, Single or Widowed		Name of Wife or Husband					
single		-					
Father's Name		Father's Birthplace					
Unknown		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving information		How related to deceased					
James Rollet		Guardian					

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary		How long	
Burns of entire body (Fire)		3 hrs	
Immediate		How long	
Shock			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		M D Morris	
		Address	
		Eldersburg	
Accident or Suicide?			
accident			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>George W. Zepp</b>		Town <b>Honolulu</b>		County <b>Carroll</b>		MARYLAND	
Died at		Date of death <b>1908</b>		Age <b>63</b>		Months <b>9</b> Days <b>29</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Not known</b>			
Occupation <b>Tanner</b>		Where Residing if not at place of death <b>-</b>					
Married, <del>Single</del> or Widowed		Name of Wife or <del>Husband</del> <b>Margaret J. Zepp.</b>					
Father's Name <b>David Zepp.</b>		Father's Birthplace <b>Not known</b>					
Mother's Maiden Name <b>Polly Warner</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>Mrs G. W. Zepp</b>		How related to deceased <b>wife</b>					

## CAUSES OF DEATH

**120**PHYSICIAN  
OR CORONER

Primary	<b>Bright's disease</b>	How long	<b>one year</b>
Immediate	<b>Convulsions</b>	How long	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>R. B. Wells M.D.</b>	
		Address <b>Hampstead</b>	
		<b>Maryland</b>	
Accident or Suicide?			

